



DEPARTMENT OF
REHABILITATION
Employment and Independence for Californians with Disabilities



To: Department of Rehabilitation
Attn: Director's Office, Comments/Complaints
2000 Evergreen Street
Sacramento, CA 95815

Subject: _____

Comment/Complaint:

To better assist in the resolution of any situations with the Department, please fill out the optional items below. **Note:** This data is optional. If you wish to remain anonymous, do not complete this section.

Name

Mailing Address

City State ZIP Code

Phone Social Security Number